POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION			, ,	
O.F.E. CLASSIFIER		49	2/3/01	
FORMALITY REVIEW	H2	156-516	02-20-01	
RESPONSE FORMALITY REVIEW	11	712	00-19-0	
	MT	57.5	08/11/6/	

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
— (Through numeral) Canceled	A Appeal
÷ Restricted	O Objected

	÷	Restricted	0	Objected	
Claim	Date	Claim	Date	Claim	Date
inal	14 1 K 30 12 12 12 14 15 12 12 12 12 12 12 12 12 12 12 12 12 12	Final Original		Final Original	
150	÷ 1/1/V	5# - /		101	
1		3 1 1 53		102	
3		53	- - - - .	103	
5	 	54 55		105	
6		56		106	
1.7				107	
1.8		(58)	- - - - - - - - - - - - - - - - - - - 	108	
10		59.		110	- - - - -
11	╽╸┤┇╏┋╏	61 + 1		111	
12	 	62		112	
13		63		113	
14		64		114	-
15 16	╟┈╎╏╎╏╎╏	65	┤┤┤┤ ┤	116	
17		67		117	
18		68		118	
19		69		119	
20		70		120	
21	 	71	- 	121	
22	- - - - - - -	72 73	┤┤┤┤┤ ┤	123	
24	 	74		124	
25		75		125	
26		76		126	
27	┃ ┃┃┃┃┃┃┃┃┃┃┃┃┃┃┃┃┃┃┃┃┃┃	77 78		127	- - - - - - - - - -
28 29		79	-+	129	-
30		80		130	
31		81		131	
32		82		132	
33	N ST Ø	83	 	133	.
/3 3 35	NSP	85		135	
36		86		136	
37		87		137	
38		88		138	┟ ┈╽┈╏┈╏┈╏
j 39		90		139	╒┋┋
40	 	91	 	141	
7 41 42	 	92		142	
43		93		143	
44		94		144	
45		95		145	├╶╏═╏┈╏═ ┼╌┼╾
14	}}	96	 	146	├─├─┼┈┞┈┞┈┞
44 45 47 48 49		98		148	
49	[- - - - - - - - - - - - - - - - - - -	99		149	
150		100		150	

If more than 150 claims or 10 actions staple additional sheet here